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FEC FORM 1

STATEMENT OF ORGANIZATION

OBIGINAL

		Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	REC 112 AUG
National Association for Fixed Annuities				
				CE AM
ADDRESS (number and street)	2300 East Kensingt	on Blvd		- β ω
(Check if address is changed)				
	Milwaukee CITY A		WI STATE ▲	53211 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS				
(Check if address is changed)	nafa@electionco	mpliance.com		
	Optional Second E-Mail Addr	ess		,
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)			
2. DATE 08 13 2012				
3. FEC IDENTIFICATION NUMBER ▶ C				
4. IS THIS STATEMENT ✓	NEW (N) OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Chris Johnson				
Signature of Treasurer	S. Chatyt		Date 08	′ 13°′ 2012 °
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)